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WORKLOAD–BASED PROJECTIONS OF STAFFING NEEDS

JORDAN HUMAN RESOURCES DEVELOPMENT PROJECT
REPORT NO. 6

JULY 2005

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JENNIFER HUDDART, M.B.A.

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Initiatives Inc.
376 Boylston Street, Suite 4C
Boston MA 02116 USA
TEL (617) 262-0293
FAX (617) 262-2514
www.initiativesinc.com

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LIST OF ABBREVIATIONS

ARI.....	Acute Respiratory Infection
EPI.....	Extended Program of Immunization
FP	Family Planning
FTE	Full Time Equivalent Staff Member
GP	General (Medical) Practitioner
HC	Health Center
HR	Human Resources
HRDP.....	Human Resources Development Project
HRM.....	Human Resource Management
MCH	Maternal and Child Health Care
MOH.....	Ministry of Health
PHC.....	Primary Health Care

DEFINITIONS

Full Time Equivalent	The number of full time staff. For example, if an individual is contracted to work 4 hours per day and 7 hours represents a full days work, then this individual equates to 0.57 FTE.
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I. INTRODUCTION

THE HUMAN RESOURCE DEVELOPMENT PROJECT

The purpose of the Human Resource Development Project is to provide the Jordan Ministry of Health with information, analyses, tools and capacity building to help it to make decisions about the future staffing of the Government Health Services.

Table I shows the various analyses being conducted under the HRDP. This current report is shown in Table I as product 6.

THE PURPOSE OF THIS ANALYSIS

The strategic health workforce planning workshop required participants to make assumptions about future staffing standards for both the government and the private health sectors in the country and then these standards were applied to expected changes in the number and size of health facilities to project future staffing needs. These projections were

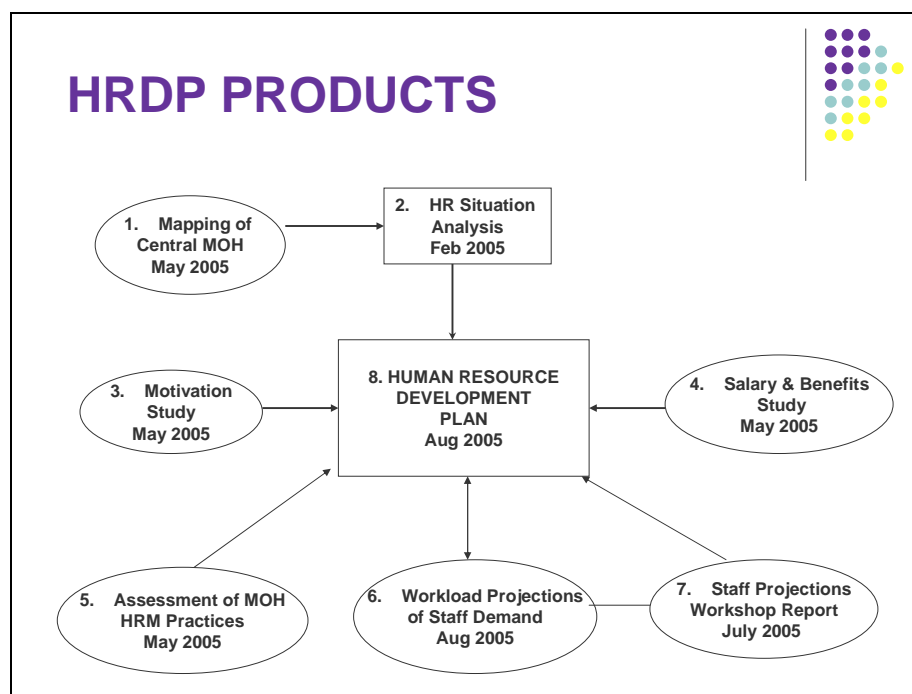
then tested for feasibility in terms of cost and in terms of required outputs from pre-service training institutions.

This was the first time that the Ministry of Health had the experience of making staffing projections on the basis of staffing standards and being able to rapidly see the implications of different assumptions and the exercise was a valuable learning experience for all involved. However, it was sometimes difficult for individuals to understand the real meaning of the assumptions they were making.

The purpose of the workload based analysis was to provide a confirmation of the strategic workforce projections by conducting detailed timings of primary health care services provided through the MOH health centers. These timings were then used to project the numbers of staff that will be required to provide high quality services for the future.

For hospitals, the analysis provides some international comparisons of the levels of staffing per bed.

Table I: Products of the HRDP



II. METHODOLOGY FOR PHC PROJECTIONS

SELECTION OF STUDY SITES

The study was conducted in a total of six health centers: three comprehensive health centers and three primary health centers. Selection of the health centres to be used for data collection was based on the following criteria:

- They were considered (by the Health Directorate) to offer good quality services;
- There was a strong Focal Quality Coordinator at the Health Directorate;
- There is a strong Quality Team at the health center
- The Head of the Health Centre would accept the assessment being conducted at his facilities;

Based on these criteria, the Health Directorates were selected by the MOH Quality Directorate and then the specific health centers were selected by the Health Directorates. The following health centers were selected:

Table 2:
Health Centers Involved in the Study

Directorate	Type of Health Center	Name of Health Center
Balqa	Comprehensive	Ain Al-Basha
	Primary	Al Salt
Zarqa	Comprehensive	Zarqa Jadideh
	Primary	Shabeeb
Amman Capital	Comprehensive	Al Weibdeh
	Primary	Hamzah

For the purposes of testing out this approach to projecting staffing needs, it was agreed that a small sample of six health centers would be adequate for the purpose.

OBSERVATIONS OF SERVICE DELIVERY

With the assistance of the PHCI project, in 2002 the Ministry of Health developed standards of care for health centers.¹ Volume 6 of these Standards of Care contains performance checklists which lay out the tasks that should be completed by service providers as they provide services to clients.

The standards cover all priority primary health care services. The same services were to be observed and timed under the current study, namely:

- First Antenatal Visit
- Return Antenatal Visit
- Postnatal Visit
- Assessment of 2-8 week old infant
- New Family Planning Client
- Continuing Family Planning Client
- Child Immunization
- Hypertensive Patient
- Diabetic Patient
- Child with Diarrhea
- Child with ARI
- Asthma Patient
- Other MCH Client
- Other GP Visit – Adult
- Other GP Visit - Child

Each health center participating in the study was provided with a stopwatch to time how long it took to provide the service.

DEVELOPMENT OF THE DATA COLLECTION INSTRUMENTS

For the present study, these checklists were converted into data collection instruments for the observation and timing of service delivery under the HRDP. The draft data collection instruments were reviewed by staff from the

¹ *Standards of Care for Health Centers*, Jordan Ministry of Health, June 2002.

MOH Quality Directorate, together with Focal Quality Coordinators from the involved Health Directorates and selected doctors and nurses from the selected health centers.

The comments and suggestions made by the reviewers were taken into account in a revision of the data collection instruments. The final instruments used are given in Annex I.

POPULATION PROJECTIONS

For the purposes of this Study, population projections provided by the Policy Project using the Jordan Family Planning model for the period 2002 – 2020 were used. This model projects the population growth rate to drop from a current level of 2.5% to a growth rate of 1.9% by 2014.

Based on this growth rate, the factors pertinent to this study are given in Table 3.

**Table 3:
Projected Population Indicators**

Factor	2004	2014
Total Population	5,323,200	6,520,800
Population < 1 year	149,050	136,940
Population 1- 5 years	564,259	567,312
Population 1 - 14 years	1,863,120	2,001,900
Population 45 + years	702,660	1,128,150
Females 15 – 44 years	1,220,400	1,494, 574
Births per year	154,373	176,062

PROJECTIONS OF FUTURE PHC SERVICE WORKLOAD

Two sources of data were used to obtain information on client visits to health centers:

- a) The MOH health center returns for 2004 made through the local area network (LAN) from the Health Directorates;

- b) The returns made to the MOH Quality Directorate from individual health centers for 2003 and 2004 on the monitoring of the control of hypertensive and diabetic patients.

Table 4 shows the baseline and projected coverage rates for health center service delivery. Since the 2004 figures are based on actual client visits to health centers, they are not targets; rather they reflect the proportion of the Jordanian population which chooses to use the government health services, or which cannot afford other options.

The projected utilization rates for 2014 shown in Table 4, under the “Low” column, assume no change in the present (2004) utilization rates. The projected utilization rates under the “High” column assume that over the next 10 years there will be an increase of 30% in client utilization rates for the following clients:

- First Antenatal Visits
- Return Antenatal Visits
- Postnatal Visits
- Assessment of 2-8 week old infant
- New Family Planning Clients
- Continuing Family Planning Clients
- Child Immunizations
- Hypertensive Patients
- Diabetic Patients
- Asthma Patients

**Table 4:
Baseline and Projected Health Center Client Visits (Workload)**

Service	2004	Projected 2014	
		Low	High
1 st Antenatal Visit	23.1% of all births	23.1% of all births	30.0% of all births ¹¹
Return Antenatal Visits	81.9% of all births	81.9% of all births	106.5% of all births ¹¹
1 st Postnatal Visit	11.1% % of all births	11.1% % of all births	14.4% of all births ¹¹
Total Postnatal Visits	81.9% of all births	81.9% of all births	81.9% of all births
Infant Assessment	11.1% of all births	11.1% of all births	14.4% of all births ¹¹
Follow up Postnatal Visits	1.5% of all births	1.5% of all births	2.0% of all births ¹¹
1 st Family Planning Visits	5.3% of Fs 15-44 yrs	5.3% of Fs 15-44 yrs	6.9% Fs 15-44 yrs ¹¹
Follow-up FP Visits	12.6% of Fs 15-44 yrs	12.6% of Fs 15-44 yrs	16.4% Fs 15-44 yrs ¹¹
>1 Child EPI Visits	9.6% of all births	9.6% of all births	12.5% of all births ¹¹
Hypertensive Visits	2.0% of all GP Visits	2.0% of all GP Visits	2.6% of all GP Visits ¹¹
Diabetic Patient Visits	1.8% of all GP Visits	1.8% of all GP Visits	2.3% of all GP Visits ¹¹
Child with Diarrhoea	1.9% of all >5	1.9% of all >5	1.9% of all >5
<5 Child with ARI	1.8% of all >5 years	1.8% of all >5 years	1.8% of all >5 years
Asthma Patient Visits	0.008% of all GP visits	0.008% of all GP visits	0.01% of all GP visits ¹¹
Other MCH Visits	8.2% of total female + >5 population	8.2% of total female + >5 population	8.2% of total female + >5 population
Other GP Visits – Adult	0.93 visits per person	0.93 visits per person	0.93 visits per person
Other GP Visits - Child	0.14 visits per person	0.14 visits per person	0.14 visits per person

¹¹ Assumes a 30% increase in client utilisation rates by the end of 10 years

PROJECTED INCREASES IN HEALTH CENTERS

Information provided by the MOH during the Strategic Workforce Projections Workshop indicated planned increases in the numbers of health centers over the next 10 years. These planned increases, which incorporate both the upgrading of some primary health centers to comprehensive health centers plus the construction of new primary health centers, are shown in Table 5.

Table 5:
Planned Increases in Health Centers
2004 – 2014

Type of PHC Unit	2004	2014	Change
Comprehensive	53	82	+29
Primary	356	443	+87
Village	265	265	-
Stand-Alone MCH	13	13	-

III. RESULTS OF THE OBSERVATIONS

ADHERENCE TO STANDARDS

All of the services observed were performed by either a GP or a qualified nurse or midwife. (This was requested in order that there could be some confidence that the standards of service delivery should be reasonably high).

Table 7 shows the service delivery standards found during the observations. The percentage

standard was obtained by a simple division of the number of tasks carried out as a percentage of all the tasks that should have been carried out if the procedures were followed correctly.

Only twelve out of the 202 observations conducted achieved a standard of less than 60%.

Seven of these observations were at comprehensive health centers; five were at primary health centers. All of the cases where the standard achieved was less than 60% are highlighted in Table 6.

Table 6:
Service Delivery Standards Observed

Directorate	Health Center	First Antenatal	Return Antenatal	Postnatal	Infant Assessment	New FP	Continuing FP	Child Immunization	Hypertension	Diabetes	Child with Diarrhea	Child with ARI	Asthma	Other MCH	Adult GP Visit	Child GP Visit
Comprehensive Health Centers																
Balqa	Ain Al Basha	76%	97%	47%	83%	92%	100%	78%	32%	41%	72%	90%	34%	100%	100%	100%
		80%	100%	93%	67%	86%	100%	72%	38%	63%	100%	48%	79%	100%	64%	75%
Zarqa	Zarqa Jadideh	97%	97%	100%	-	100%	100%	100%	97%	85%	94%	83%	92%	86%	100%	100%
		92%	93%	100%	-	100%	100%	89%	85%	90%	91%	86%	92%	100%	100%	100%
Amman	Al Weibdeh	84%	83%	-	89%	94%	100%	100%	92%	92%	100%	-	85%	100%	88%	100%
		89%	79%	-	89%	95%	100%	100%	97%	98%	92%	-	85%	100%	88%	-
Average Results (Scores > 60%)		86%	91%	85%	82%	95%	100%	84%	74%	85%	92%	77%	78%	98%	90%	95%
Primary Health Centers																
Balqa	Al Salt	89%	72%	20%	61%	86%	92%	50%	74%	66%	88%	79%	89%	100%	100%	100%
		78%	79%	60%	67%	76%	100%	94%	56%	90%	91%	79%	70%	86%	100%	100%
Zarqa	Shabeeb	92%	90%	97%	-	100%	92%	100%	94%	78%	94%	86%	96%	100%	75%	86%
		97%	90%	94%	-	100%	100%	94%	94%	90%	91%	100%	92%	100%	75%	100%
Amman	Hamzah	-	-	-	-	-	-	-	-	-	100%	-	-	-	-	-
		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Average Results (Scores > 60%)		89%	83%	68%	64%	91%	96%	85%	79%	81%	93%	87%	87%	96%	88%	97%

TIME TAKEN TO PROVIDE SERVICES

For this part of the analysis, all the observations that did not achieve at least 60% of the expected standard were excluded. This was to ensure that the timings reflect a reasonably high standard of service. The times taken to provide services through all the remaining observations were then averaged. The results are shown in Table 7.

Previous studies have tended to show that service providers spend on average 4 minutes

with each patient. The findings during this small sample survey showed considerably more time was being spent on each client. One reason for this could be that when the study was explained to the service providers before the observations were conducted, it was explained that the observers would be observing whether they completed the tasks expected of them as contained in the service delivery standards for health centers. This would have been a good reason for the service providers to be more careful in their work.

Table 7:
Average Times Taken for Service Delivery

Service	Time Taken (Mins)			
	GP	Nurse	Midwife	Total
1 st Antenatal Visit	8.03		10	18.03
Follow up Antenatal Visit			12.15	12.15
Postnatal Visit	9.00		9.81	18.81
Infant Assessment (6-8 weeks)	4.00		3.32	8.32
New Family Planning Client		20.33		20.33
Continuing Family Planning Client		8.05		8.05
Child Immunization		6.26		6.26
Hypertension Patient	10.00	7.26		17.26
Diabetic Patient	10.00	4.88		14.88
Child with Diarrhea	7.12			7.12
Child with ARI	5.75			5.75
Asthma Patient	5.60	4.00		9.60
Other MCH Client	4.52		2.00	6.52
Other Adult GP Client	4.00	1.35		5.35
Other Child GP Client	4.00	1.13		5.13

IV. PROJECTIONS OF FUTURE PHC STAFFING NEEDS

ASSUMPTIONS

The study focused on the time it takes staff to provide high quality services to clients. In addition to dealing with clients, staff members also carry out other duties at their place of work. These were not observed, so the following assumptions were made about the time taken to conduct these other duties. These assumptions are shown in Table 8. The Table assumes that staff are expected to work 7 hours a day for 265 days a year (excluding weekends, public holidays, and vacations).

PROJECTION OF STAFFING NEEDS

Based on the projected number of client visits to health centers in 2014 (Table 4), the times taken for service delivery (Table 8), and the assumptions about the time staff spend on other duties Table 9), Table 10 shows the FTE GPs, Nurses and Midwives that would be needed at all health centers across the country.

Table 8:
Assumptions on Time Spent on Other Duties

Other Duties	Assumed Time		
	Per Day	Per Year	As % of Working Year
Staff meetings	1 hour	38 days	14.3%
Record Keeping/Data Analysis	1 hour	38 days	14.3%
Staff supervision	1 hour	38 days	14.3%
Training	-	10 days	3.8%
Sick days	-	10 days	3.8%
Down time (not working)	2 hours	76 days	28.7%
Total for Other Duties		210 days	79.2%

Table 9:
FTE Staff Required based on Projected PHC Workload 2014

Activity	Projected Clients/Year		Days Required for Low Volume of Clients			Days Required for High Volume of Clients		
	Low	High	GP	Nurse	Midwife	GP	Nurse	Midwife
1 st Antenatal Visit	40,670	58,100	778		968	1,111		1,383
Return Antenatal Visits	144,200	187,505			4,172			5,424
1 st Postnatal Visit	16,070	25,350	344		375	543		592
Total Postnatal Visits	119,625	144,190						
Infant Assessment	19,540	25,350	186		154	241		200
Follow up Postnatal Visits	2,640	3,520						
1 st Family Planning Visits	79,210	103,125		3,834			4,992	
Follow-up FP Visits	150,515	245,110		2,885			4,698	
>1 Child EPI Visits	16,900	22,010		252			328	
Hypertensive Visits	99,138	157,674	2,360	254		3,754	2,721	
Diabetic Patient Visits	89,225	139,480	2,124	154		3,317	1,621	
Child with Diarrhea	10,790	10,780	183			183		
<5 Child with ARI	10,210	12,676	140			140		
Asthma Patient Visits	48,515	60,644	647	462		809	578	
Other MCH Visits	169,080	169,080	1,820			1820		
Other GP Visits – Adult	5,172,542	5,051,622	49,262	16,626		48,111	16,237	
Other GP Visits - Child	654,952	654,952	6,238	1,762		6,238	1,762	
Total Staff Days Required for Service Delivery			64,082	26,229	5,839	66,267	32,937	7,759
Total FTE Staff Required for Service Delivery			241.8	99.0	22.0	250.1	124.3	29.3
Additional Staff Time Needed for Other Duties			+79.2%	+79.2%	+79.2%	+79.2%	+79.2%	+79.2%
Total FTEs Required			433.7	177.4	39.4	448.1	222.7	52.5

Table 10:
Comparison between Numbers of Staff Currently Working at Health Centers and the Projected Requirements

Staff Category	2004	Needed 2014 (High Volume)	Difference
GP	756	448	- 308
Qualified Nurses	143	223	- 80
Midwives	294	53	- 241

The results shown in Table 10 are both surprising and shocking. The calculations in Table 10 for FTEs required assume that each staff member should be working for 7 hours each working day for 265 days each year.² The lower the number of hours worked each day, the higher the number of staff that would be required to provide services to clients.

² Out of a total of 365 days each year, staff are entitled to have 52 Fridays off work, 18 public holidays, and 30 vacation days. Thus each staff member is expected to work 365 – 100 = 265 days in a year.

On the other hand, the assumption that 79% of each working year is spent on “other duties” (including days off sick) is high.

Nevertheless, given the assumptions made, the FTEs required as shown in Table 10 are considerably lower than the existing number of staff currently working at health centers, as shown in Table 10.

CONCLUSIONS

In this analysis, staff requirements were based solely on workload. In reality, even if workload may not justify a full time staff member, there is often a need to have a staff member at the facility to be able to provide service to those who need attention.

Nevertheless, the analysis does raise questions about staff productivity in the MOH health centers. Further evidence was given in the Situation Analysis Report.³ Here it was shown that at comprehensive health centers, the number of patient visits per doctor per day ranged from a low of 7 to a high of 15. Taking the highest GP service delivery time per client observed (10 minutes), then to provide care to 7 clients would require only 1 hour and 10 minutes of the day.

For qualified nurses, the Situation Analysis showed that at primary health centers each nurse was seeing between a low of 6 patients per day to a high of 129 patients per day. Taking the average time for all services that a nurse was shown to spend with one patient (7 minutes), then to provide service to 6 patients would require only 42 minutes of the day.

Comparing the results of this analysis to the staff projections made during the Strategic Human Resource Projections workshop, Table 11 shows the differences.

**Table 11:
Comparison of Staff Projections**

Staff Category	Projected Staff Required at HCs	
	Projections Workshop	Workload Analysis (High Volume)
GP	689	448
Qualified Nurse ¹¹	2,103	223
Midwife	867	53

¹¹ Registered + Associate Nurses

The average staffing standards included in the strategic projections workshop are given in Table 12.

**Table 12:
Staffing Standards Used during the
Projections Workshop**

Staff Category	FTE Staffing Standards per HC	
	Comprehensive	Primary
GP	4.00	2.50
Qualified Nurse	11.0	4.4
Midwife	2.0	1.5

Based on the present workload analysis, it would appear that the health center staffing standards proposed during the projections workshop were generous.

³ Situation Analysis: Jordan Human Resource Assessment, January 2005, page 23.

V. INTERNATIONAL COMPARISONS OF HOSPITAL STAFFING STANDARDS

To test out the assumptions made during the Strategic Workforce Projections workshop in relation to future hospital staffing standards, information on hospital staffing standards is presented in Table 13. Since data is not openly available on hospital workload data (number of in-patient days, for example), the analysis has had to be restricted to staff to bed ratios, or the number of beds per staff member. Similarly, the staffing data is restricted to doctors and nurses only. To the extent possible, nurse aides (unqualified nurses) have been excluded.

As can be seen in Table 13, the present hospital staffing standards per bed in the public sector hospitals in Jordan are the highest of all the 9 countries presented. In fact, the doctor : bed ratio at Al Basheer hospital is 29% higher than the data available from tertiary hospitals in the

United Kingdom.. The nurse : bed ratios are almost identical.

In relation to the projections made for Jordanian public sector hospitals, the doctor : bed ratio at Jordan's tertiary hospital, Al Basheer, has been brought down from 1 : 1.4 to 1 : 2.5. At a projected bed occupancy rate in 2014 of 83% (a rise from the current bed occupancy rate of 74%), each doctor at Al Basheer hospital will be expected to on deal with 2 patients per day on average.

For qualified nurses at Al Basheer, the nurse : bed ratio has been slightly reduced from

1 : 1.2 to 1 : 1.3. At the projected 83% bed occupancy rate, by 2014 each nurse will be expected to deal with 1.01 patients per day on average (without taking into account the effect of nursing shifts). For general hospitals, the projected staff : bed ratio for both doctors and nurses remain higher than the ratios currently found in the National Health Service in the United Kingdom.

**Table 13:
Staff to Bed Ratios at Acute Public Sector Hospitals**

Country	Staff to Bed Ratios at Acute Public Sector Hospitals							
	Current Standards (1999 – 2004)				2014 Projection for Jordan			
	Tertiary Hospitals		General Hospitals		Al Basheer Hospital		General Hospitals	
	Doctor	Nurse	Doctor	Nurse	Doctor	Nurse	Doctor	Nurse
Jordan (2004)	1 : 1.4 ¹¹	1 : 1.2	1 : 1.6	1 : 1.3	1 : 2.5	1 : 1.3	1 : 1.9	1 : 1.3
USA (2003)			1 : 3.0	1 : 1.5				
U. K. (2004)	1 : 1.8	1 : 1.1	1 : 3.0	1 : 1.5				
Albania (2002)	1 : 2.0	1 : 1.7	1 : 11.9	1 : 1.9				
Sri Lanka (2001)	1 : 5.0	1 : 2.2	1 : 6.3	1 : 1.9				
Nepal (2001)	1 : 4.2	1 : 2.7	1 : 3.0					
Uganda (2003)	1 : 3.0	1 : 1.8	1 : 7.2					
Malawi (2002)	1 : 9.7	1 : 3.4	1 : 35.0					
Zimbabwe (1999)	1 : 8.6	1 : 1.5	1 : 30.0	1 : 6.1				

¹¹ Includes Specialists, Residents and GPs

ANNEXES

I. DATA COLLECTION INSTRUMENTS FOR THE OBSERVATION AND TIMING OF PRIMARY HEALTH CARE SERVICE DELIVERY

ANNEX I

DATA COLLECTION INSTRUMENTS FOR THE OBSERVATION AND TIMING OF PRIMARY HEALTH CARE SERVICE DELIVERY

Antenatal Checklist: First Antenatal Visit (1st Trimester)

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was carried out. If a particular task is not applicable, place a mark in the N/A column. As soon as the client is seated, start the stop watch. As the client leaves, stop the stop watch and enter the total time for the consultation in the box on the last page of the checklist.

Task	Doctor			Midwife		
	Done?			Done?		
	✓	X	N/A	✓	X	N/A
All Clients						
1. Greets client respectfully and introduces self.						
2. Explains the benefits and purpose of antenatal care.						
History						
1. Takes and records the client's health history including the following:						
a. Client profile: name, address, emergency contact						
b. Risk factors: age, number of children, spacing between children						
c. LMP (calculates EDD)						
d. Mode, place, and date of previous deliveries						
e. Outcomes of previous pregnancies						
f. Time of initial quickening during current pregnancy						
g. Fetal movement						
h. Medical and surgical history						
i. Medications being taken						
Time Taken for History						

Physical Examination						
1. Provides a private area for examination.						
2. Performs complete physical examination in a private area of the health centre:						
a. Takes blood pressure, weight, height, and calculates BMI						
b. Examines HEENT for color of mucosa, palpates thyroid.						
c. Inspects and palpates breasts; teaches client self breast examination.						
d. Listens to heart and lungs						
e. Inspects extremities for color, swelling, & reflexes						
f. Palpates back for signs of kidney infection						

Task	Doctor			Midwife		
	Done?			Done?		
	✓	X	N/A	✓	X	N/A
g. Inspects and palpates abdomen						
h. Counts fetal heart rate						
i. Measures fundal height						
j. Palpates the fetus to determine lie and presentation after 28 weeks.						
3. Performs pelvic examination following the 5-step procedure:						
a. Inspection of external genitalia						
b. Speculum inspection						
c. Palpation of external genitalia						
d. Bimanual palpation						
e. Recto-vaginal palpation						
4. Identifies findings that require medical assessment and/or management and refers.						
5. Arranges for ultrasound, as indicated.						

Time Taken for Physical Examination

Laboratory Tests

1. Performs or orders laboratory tests for:						
a. Urine (glucose, albumin, acetone); Urinalysis at the first visit and the second and third trimesters						
b. Blood (type, RH; antibody titres, if indicated; Hb/PCV; VDRL, Rubella antibody titre, Hepatitis screen, random blood sugar no later than 18 weeks and Gestational Diabetes Mellitus screening						

All Clients

1. Conducts initial health education for what to expect during pregnancy, how to manage common complaints of pregnancy, self-care, and diet. Teaches danger signs of pregnancy.						
2. Shares findings with client and encourages questions.						
3. Gives prenatal medication: iron, folic acid, vitamins.						
4. Administers tetanus toxoid aseptically.						
5. Sets date for follow-up visit.						

Record Keeping

1. Records findings in client record.						
---------------------------------------	--	--	--	--	--	--

Total Time Taken for whole1st Antenatal Visit (Minutes & Seconds)

Comments

Name of Health Directorate: _____

Name of Health Centre _____

Name of Observer: _____

Job Title of Observer _____

Date of Observation _____

Antenatal Checklist: Antenatal Return Visit (3rd Trimester)

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was carried out. If a particular task is not applicable, place a mark in the N/A column. As soon as the client is seated, start the stop watch. As the client leaves, stop the stop watch and enter the total time for the consultation in the box on the last page of the checklist.

Category of Service Provider: _____ (Midwife?)

Task	Done?		
	✓	X	N/A
All follow up Clients			
1. Greets client and introduces self.			
2. Reviews client record findings from previous visit, checks laboratory results.			
3. Asks client how she is feeling (physically and emotionally) and if she has had any problems since last visit.			
4. Asks specifically about:			
a. Bleeding			
b. Headache			
c. Eye problems			
d. Swelling of face & hands			
e. Abdominal pain			
f. Movement of the fetus			
5. Asks about common complaints such as pain with urination, tiredness, nausea/vomiting, unusual vaginal discharge with or without itching.			
6. Asks if client has been taking her supplements (iron, folic acid).			
7. Encourages client to discuss her concerns or questions.			
8. Checks urine for albumin, glucose, and acetone.			
9. Performs limited examination, including:			
a. Blood pressure			
b. Weight			
c. Abdomen – palpates fetus for lie and presentation, fetal heart rate; measures fundal height			
d. Hand, legs for swelling, pitting edema; reflexes if indicated			
e. Back for kidney tenderness			
10. Shares findings with client, answers her questions.			
11. Orders scheduled blood tests at 2 nd and 3 rd trimesters			
12. Gives second tetanus toxoid dose at least 4 weeks after first dose			
Client Education			
1. Covers health education topics appropriate for gestation of pregnancy, according to reproductive health standards. Covers, at the minimum:			
a. Birth planning			
b. Family planning			
c. Infant feeding			

Task	Done?		
	✓	X	N/A
d. Preparation for labor and birth			
1. Reviews danger signs of pregnancy and instructs client to come to clinic immediately should any sign occur.			
2. Resupplies vitamin supplements, if needed.			
3. Sets date for next follow-up visit.			
Record Keeping			
1. Records findings in the client record.			

Total Time Taken (Minutes & Seconds)

Comments

Name of Health Directorate: _____

Name of Health Centre _____

Name of Observer: _____

Job Title of Observer _____

Date of Observation _____

Postnatal Checklist: Early Care for Mothers (2 – 8 weeks post delivery)

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was carried out. If a particular task is not applicable, place a mark in the N/A column. As soon as the client is seated, start the stop watch. As the client leaves, stop the stop watch and enter the total time for the consultation in the box on the last page of the checklist.

Number of weeks since delivery date: _____

Task	Doctor			Midwife		
	Done?			Done?		
	✓	X	N/A	✓	X	N/A
All Clients						
1. Greets the client (and family, if present) and introduces self.						
2. Explains the purpose & frequency of postnatal visits.						
3. Reviews client record for antenatal & intrapartum history.						
4. Asks client to describe her labor and birth; condition and sex of infant; did she have stitches.						
5. Asks client how she feels (physically, emotionally) and if she has any questions or problems.						
6. Asks mother how she is managing breastfeeding and/or LAM.						
7. Asks mother about appetite, rest, sleeping, level of activity.						
8. Asks mother about presence of postnatal danger signs .						

Time Taken for Review of History

Physical Examination						
1. Washes hands and performs physical examination:						
a. Temperature, pulse, respirations, blood pressure.						
b. Breasts, for presence of colostrums.						
c. Abdomen for level and consistency of uterus, presence of bladder distention.						
d. Pads for amount of bleeding, presence of clots.						
e. Vulva for condition of perineum, stitches intact						
f. Calves for tenderness						
2. Washes hands.						

Time Taken for Physical Examination

Task	Doctor			Midwife		
	Done?			Done?		
	✓	X	N/A	✓	X	N/A

All Clients

1. Discusses family planning needs and methods						
2. Teaches mother to:						
a. Check her uterus to ensure that it is hard.						
b. Change pads frequently, rinse vulva and wash from front to back each time she uses eliminates.						
c. Practice exercises (e.g. Kegel/vaginal, abdominal)						
3. Encourages mother to eat plenty of body building food (protein) and energy food (fats, grains).						
4. Observes the mother and infant breastfeeding; correct practices, as needed.						
5. Teaches mother how to handle common breastfeeding difficulties.						
6. Encourages mother to breastfeed frequently/on infant's demand.						
7. Reinforces LAM, if it is the mother's chosen method.						
8. Teaches mother postnatal danger signs :						
a. Heavy bleeding						
b. Fever						
c. Abdominal pain or foul-smelling vaginal discharge						
d. Pain or tenderness, heat in legs.						
9. Gives appointment for next follow-up visit.						
Record Keeping						
1. Records findings in the client record.						

Time Taken for Education of Mother

Total Time Taken for Early Care for Mothers (Minutes & Seconds)

Comments

Name of Health Directorate: _____

Name of Health Centre _____

Name of Observer: _____

Job Title of Observer _____

Date of Observation _____

Checklist: Infant 8-week Physical Assessment & Immunizations

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was carried out. If a particular task is not applicable, place a mark in the N/A column. As soon as the client is seated, start the stop watch. As the client leaves, stop the stop watch and enter the total time for the consultation in the box on the last page of the checklist.

Category of Service Provider: _____ (Midwife?)

Task	Done?		
	✓	X	N/A
All Clients			
1. Greets the client and introduces self.			
2. Takes a history from the mother, focusing on:			
a. Breastfeeding – how often; how much does the infant wet; taking anything else with breastmilk			
b. Sleep – how much during the day, during the night			
c. Stool – color, how often			
d. Immunization received – BCG			
2. Wash hands.			
3. Examines the infant and explains findings to the mother:			
a. General appearance – active when awake			
b. Breathing – easy			
c. Temperature – skin warm to touch, 36.5-37.2°C			
d. Weight – more than at birth			
e. Head – no depressions or bulging of “soft spots”			
f. Eyes – no discharge			
g. Mouth – suck reflex intact.			
h. Skin – not yellow, blue, or dry			
4. Observes infant breastfeeding.			
5. Gives 1st dose of DPT, Hepatitis B vaccine (quadrivalent vaccine) and oral polio vaccine per immunization schedule at 8-week visit.			
6. Gives appointment for next follow-up visit, usually in 4 weeks, when infant is 3 months old.			
1. Records finding in infant's record.			

Total Time Taken (Minutes & Seconds)

Comments

Name of Health Directorate: _____

Name of Health Centre _____

Name of Observer: _____

Job Title of Observer _____

Date of Observation _____

Checklist: Childhood Immunizations

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was carried out. If a particular task is not applicable, place a mark in the N/A column. As soon as the client is seated, start the stop watch. As the client leaves, stop the stop watch and enter the total time for the consultation in the box on the last page of the checklist.

Category of Service Provider: _____ (Midwife?

Task	Done?		
	✓	X	N/A
1. Greets the client and inquires about the child's health.			
2. Reviews the infant's record to check on previous mmunisations given			
3. Explains to mother the importance of the vaccine schedule and purpose of the vaccination(s) to be given.			
4. Asks mother if she agrees to give her infant the vaccine and if she has any questions.			
5. Washes hands.			
6. Takes the child's temperature to check if this exceeds 38°C.			
7. Asks mother if child has had reactions to previous immunizations			
8. Prepares the vaccine and checks the expiration date.			
9. Asks mother to hold her child.			
10. Smiles and talks soothingly to the child while uncovering the injection site.			
11. Cleans the injection site.			
12. Administers and records the immunization.			
13. Disposes the used syringe correctly.			
14. Informs mother about signs of side effects & what actions to take if they occur.			
15. Informs mother about the next appointment, notes date on infant chart/ record.			
16. Provides appropriate health messages/education on child's nutrition, care, hygiene, & vaccinations.			
17. Asks mother about her own general and reproductive health, and refers her for follow-up if necessary.			
18. Washes hands			

Total Time Taken (Minutes & Seconds)

Comments

Name of Health Directorate: _____

Name of Health Centre _____

Name of Observer: _____

Job Title of Observer _____

Date of Observation _____

Family Planning Counseling Performance Checklist for New Family Planning Client

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was carried out. If a particular task is not applicable, place a mark in the N/A column. As soon as the client is seated, start the stop watch. As the client leaves, stop the stop watch and enter the total time for the consultation in the box on the last page of the checklist. Tick the appropriate box for the type of FP client.

Task	Done?		
	✓	X	N/A
All Clients			
1. Greets client with respect: a. Introduces self. b. Shows respect for client. c. Gives full attention without distractions. d. Assures client of privacy and confidentiality.			
2. Provides a private space for client.			
3. Makes clients from special needs groups feel welcome, e.g., adolescents, men, following pregnancy loss.			
4. Informs client of family planning services available at the facility.			
5. Confirms with patient purpose of visit: to explain various methods of birth spacing and help her decide which might be best for her.			
6. Asks patient about her objectives and desires in birth spacing.			
7. Asks patient about her past history and experiences with birth control and her fears and concerns.			
8. Asks client about medical and surgical problems and history.			
9. Interviews client to determine pregnancy status.			
10. Asks client if she is currently breastfeeding.			
11. Explores with client her risk of exposure to STIs.			
12. Explains the benefits of family planning for client, children, family, community, and society at large.			
13. Explains the basic elements of each family planning method: a. Uses language appropriate to the understanding of the patient.			
b. Uses demonstration chart or samples of pills, IUD, condoms, etc.			
c. Periodically confirms that the patient understands information – does not overwhelm client with too much information; watches for non-verbal communication and asks client to clarify her feelings.			
14. Briefly explains the various methods (description, how it works, effectiveness, advantages, disadvantages, side effects, and risks.			
15. Briefly demonstrates how to use each method or where it is located in/on the body.			
16. Encourages client to handle each method and ask questions.			
17. Clarifies rumors or misinformation about family planning or specific methods.			
18. Asks patient if she is interested in a specific method			

Task	Done?		
	✓	X	N/A
19. If specific method selected, gives complete explanation of this method: a. How it works.			
b. Contraindications for use of this method			
c. Other beneficial effects of this method.			
d. Specific use of this method			
20. Asks for and answers questions, and clarifies misconceptions.			
21. Schedule follow-up visit appropriate to method selected (or, if patient uncertain, for further counseling and discussion).			

Total Time Taken (Minutes & Seconds)

Comments

Name of Health Directorate: _____

Name of Health Centre _____

Name of Observer: _____

Job Title of Observer _____

Date of Observation _____

Family Planning Counseling Performance Checklist for Continuing Family Planning Client

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was carried out. If a particular task is not applicable, place a mark in the N/A column. As soon as the client is seated, start the stop watch. As the client leaves, stop the stop watch and enter the total time for the consultation in the box on the last page of the checklist. Tick the appropriate box for the type of FP client.

Task	Done?		
	✓	X	N/A
All Clients			
1. Greets client with respect: a. Introduces self. d. Shows respect for client. e. Gives full attention without distractions. d. Assures client of privacy and confidentiality.			
2. Provides a private space for client.			
3. Makes clients from special needs groups feel welcome, e.g., adolescents, men, following pregnancy loss.			
4. Informs client of family planning services available at the facility.			
5. Asks client about satisfaction with method.			
14. Asks client about problems or questions with method.			
15. Reviews user instructions for method.			
16. Offers condoms for STI protection.			
9. Gives re-supply of family planning method.			
10. Schedules follow-up visit appropriate to method selected (or, if patient uncertain, for further counselling and discussion).			
11. Conducts physical assessment or refers for further care if appropriate.			
12. Records visit information in the client record.			

Total Time Taken (Minutes & Seconds)

Comments

Name of Health Directorate: _____

Name of Health Centre _____

Name of Observer: _____

Job Title of Observer _____

Date of Observation _____

Checklist : Diabetes Mellitus Type II

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was carried out. If a particular task is not applicable, place a mark in the N/A column. As soon as the client is seated, start the stop watch. As the client leaves, stop the stop watch and enter the total time for the consultation in the box on the last page of the checklist. Tick the appropriate box for the type of diabetic client.

New Client?

☐

Previous Client?

☐

Task	Doctor			Nurse		
	Done?			Done?		
	✓	X	N/A	✓	X	N/A
1. Greets the client						
History						
Patient is asked about:						
1. Personal, family, and past history						
2. Symptoms related to diabetes						
3. Symptoms of coexisting illness (hypertension, liver disease, heart disease)						
4. Frequency of acute complications (DKA, hypoglycemia)						
5. Full dietary history (habits, types, amount, times of main meals and snacks, weight changes)						
6. Current medications used for coexisting diseases (steroids, thiazides, etc.)						
7. Methods of glucose monitoring						
Physical Examination						
1. Height and weight & calculates BMI						
2. Heart rate, blood pressure						
3. Palpates peripheral pulses						
4. Examines feet (deformities, cracking, brittle nails, ulcers, calluses, dryness, oedema)						
5. Examines mouth, teeth, gum						
6. Examines thyroid gland						
7. Examines skin (dermopathy, infections, sites of insulin injections)						
Local Examination						
1. Chest and heart						
2. Abdomen (liver, spleen, loin)						

Task	Doctor			Nurse		
	Done?			Done?		
	✓	X	N/A	✓	X	N/A
Patient Education						
1. Uses simple, clear language						
2. Periodically checks if patient understands instructions						
3. Asks patient if s/he has any questions						
Educational Messages						
1. Basic pathophysiology of diabetes						
2. Nutrition (Caloric requirements, exchange system, main meals and snacks, constitution of food)						
3. Drugs (oral hypoglycemics or insulin)						
4. Exercise (proper methods and timing precautions)						
5. Glucose monitoring						
6. Hypoglycemia (symptoms, treatment and prevention)						
7. DKA (symptoms, prevention, importance of hospitalization)						
8. Management of other illnesses						
9. Long-term complications and how they can be prevented (or delayed) with good glycemic control						
10. Personal hygiene						
11. Foot care						
12. Referral of patients to educational sessions (doctor, nutritionist, diabetes nurse, if available)						
Diagnostic Tests/Procedures – Monthly						
Orders and records the following tests/procedures on a monthly basis:						
1. Fasting Plasma Glucose (FPG) and/ or 2H PPPG and/or OGTT						
2. Urine glucose						
3. Blood urea and serum creatinine						
Diagnostic Tests/Procedures – Quarterly						
Orders and records the following tests/procedures every 3 months:						
1. Quantitative albumin/Creatinine ratio						
2. Hb A1c						
Diagnostic Tests/Procedures – Yearly						
Orders and records the following tests/procedures on a yearly basis:						
1. HDL – LDL – TG – T cholesterol						
2. Fundus examination						
Treatment Plan						
Explains the treatment and how to take the drugs						
Referral						
If referral is necessary, explains the reason for referral and where the patient has to go.						

Total Time Taken (Minutes & Seconds)

Comments

Name of Health Directorate: _____

Name of Health Centre _____

Name of Observer: _____

Job Title of Observer _____

Date of Observation _____

Checklist: Systemic Hypertension

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was carried out. If a particular task is not applicable, place a mark in the N/A column. As soon as the client is seated, start the stop watch. As the client leaves, stop the stop watch and enter the total time for the consultation in the box on the last page of the checklist. Tick the appropriate box for the type of hypertensive client.

New Client? ☐

Previous Client? ☐

Task	Doctor			Nurse		
	Done?			Done?		
	✓	X	N/A	✓	X	N/A
1. Greets the client						
History						
Patient is asked about						
1. Duration of hypertension						
2. Factors that increase potential risk or influence control of hypertension						
3. Family history of hypertension, premature coronary artery disease (CAD), strokes, diabetes or renal disease						
4. Weight gain						
5. Intake of sodium, alcohol, saturated fats and/or caffeine						
6. Any medication use that may raise BP or interfere with effective-ness of antihypertension drugs (e.g., non steroidal antinflamatory, amphetamin, steroids, oral contraceptives, appetite suppressants)						
7. Any stress from work/family environment						
8. Symptoms suggesting secondary causes of hypertension						
9. Results and adverse effects of previous hypertensive therapy (if applicable)						
10. Symptoms suggestive of organ damages (e.g., coronary artery disease, heart failure, stroke, renal disease, diabetes, peripheral vascular diseases, gout, sexual dysfunction)						
Physical Examination						
1. Takes and records vital signs in chart: pulse, temperature, and respiratory rate						
2. Verifies BP in contralateral arm						
3. Measures height and weight & calculates BMI						
4. Examines optic fundi or refers to fundus examination						

Task	Doctor				Nurse		
	Done?				Done?		
	✓	X	N/A		✓	X	N/A
5. Cardiovascular review							
a. Evidence of heart disease							
b. Pulmonary: bronchospasm, respiration rate							
c. Abdomen: bruits, enlarged kidneys, abnormal aortic pulsations.							
Patient Education Explains the following, using simple, clear language & periodically checking if patient understands instructions							
1. Informs patient about diagnosis & severity of condition							
2. Explains use and possible adverse side effects of prescribed medications							
3. Explains chronic nature of hypertension and the necessity of patient involvement in management							
4. Explains that the following lifestyle modifications are integral to management of hypertension:							
a. Weight reduction, cessation of smoking							
b. Aerobic physical activity (30-45 minutes, 3-4 times per week)							
c. Sodium intake should not exceed 6 grams of sodium chloride a day							
d. Maintain adequate intake of dietary potassium							
e. Reduce intake of dietary saturated fat and cholesterol							
5. Encourages home BP measurement and bringing in BP values to encourage positive attitudes about achieving therapeutic goals							
6. Explains to patient under what conditions referral to hospital or consultant is needed							
Diagnostic Tests/Procedures							
1. Blood chemistry: potassium, creatinine, fasting glucose, total cholesterol							
2. Urinalysis for blood, protein & glucose							
3. Electrocardiogram							
4. Other optional tests with justifications							
Diagnosis Checks that hypertension stage & risk group are recorded (see CGS)							
Treatment Plan							
Explains the treatment and how to take the drugs							

Referral

If referral is necessary, explains the reason for referral and where the patient has to go.

Total Time Taken (Minutes & Seconds)

Comments

Name of Health Directorate: _____

Name of Health Centre _____

Name of Observer: _____

Job Title of Observer _____

Date of Observation _____

Checklist: Bronchial Asthma

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was carried out. If a particular task is not applicable, place a mark in the N/A column. As soon as the client is seated, start the stop watch. As the client leaves, stop the stop watch and enter the total time for the consultation in the box on the last page of the checklist.

Task	Doctor			Nurse		
	Done?			Done?		
	✓	X	N/A	✓	X	N/A
1. Greets the client						
History						
Patient is asked about:						
1. Duration of asthma						
2. Family history						
3. Symptoms related to asthma (wheezing, chest tightness, shortness of breath)						
4. Frequency of acute episodes						
5. Sleeping patterns						
6. Current medication						
Physical Examination						
1. Respiratory rate						
2. Pulse/minute						
3. Ability to talk						
4. Alertness						
5. Accessory muscles used						
6. Wheeze						
7. Other danger signs according to guidelines						
Patient Education						
1. Uses simple, clear language						
2. Periodically checks if patient understands						
3. Asks patient (or caretaker if patient is a child) if s/he has any questions						
1. Basic pathophysiology of asthma						
2. Nature of the disease						
3. Role of patient in management						
4. Medication use and its side effects						
5. Home care						
6. When to return						

Task	Doctor				Nurse		
	Done?				Done?		
	✓	X	N/A		✓	X	N/A
Diagnostic Tests/Procedures							
1. Peak Flow Analysis							
2. Spirometry							
Treatment Plan							
Explains the treatment and how to take the drugs							
Referral							
If referral is necessary, explains the reason for referral and where the patient has to go.							
7.							

Total Time Taken (Minutes & Seconds)

Comments

Name of Health Directorate: _____

Name of Health Centre _____

Name of Observer: _____

Job Title of Observer _____

Date of Observation _____

Checklist: Diarrheal Diseases in Children

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was carried out. If a particular task is not applicable, place a mark in the N/A column. As soon as the client is seated, start the stop watch. As the client leaves, stop the stop watch and enter the total time for the consultation in the box on the last page of the checklist.

Task	Done?		
	✓	X	N/A
1. Greets the client			
History			
Mother or caretaker is asked about:			
1. Age of the child			
2. Duration of diarrhea			
3. Frequency and consistency of stool			
4. Presence of mucus and/or blood in stool			
5. Urine output			
6. Feeding practices			
7. Drugs or other remedies taken			
8. Immunization history			
Physical Examination			
1. Height and weight			
2. Patient's general condition:			
a. Well, all right, irritable?			
b. Eyes: normal, sunken or dry?			
c. Tears: present or absent?			
d. Mouth and tongue: moist or dry?			
e. Patient drinks eagerly, poorly, or unable to drink?			
f. Pinched skin returns to normal quickly or slowly?			
3. Degree of dehydration corresponds with the history and physical examination findings			
Patient Education			
1. Uses simple, clear language			
2. Periodically checks if patient understands instructions			
3. Asks caregiver if s/he has any questions			
1. Breastfeeding			
2. Use of safe water			
3. Handwashing (personal hygiene)			
4. Use of medication			
5. Use of oral rehydration solutions			

Task	Done?		
	✓	X	N/A
6. Homemade food			
7. Importance of immunizations			
8. When to return			
9. If the child is referred, explains the reason for referral to parents			
Treatment Plan			
1. Health provider selects the treatment plan that corresponds with the child's degree of dehydration			
2. Health provider clearly explains the treatment plan to the caregiver and checks to ensure that the plan has been correctly understood.			
Referral			
Referral for consultation according to guidelines and the reasons for referral are clearly explained to the care giver.			

Total Time Taken (Minutes & Seconds)

Comments

Name of Health Directorate: _____

Name of Health Centre _____

Name of Observer: _____

Job Title of Observer _____

Date of Observation _____

Performance Checklist 5: ARI in Children Under 5

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was carried out. If a particular task is not applicable, place a mark in the N/A column. As soon as the client is seated, start the stop watch. As the client leaves, stop the stop watch and enter the total time for the consultation in the box on the last page of the checklist.

Task	Done?		
	✓	X	N/A
History			
Mother or caretaker is asked about:			
1. Child's age			
2. Cough and its duration			
3. Difficulty breathing			
4. Sore throat			
5. Ability to eat or drink			
6. Wheezing			
7. Sleeping patterns			
8. Convulsions			
9. Fever			
10. Immunization history			
11. Other illnesses, diarrhea, malnutrition			
Physical Examination			
1. Body weight			
2. Temperature			
3. Count breathing rate			
4. Look for chest indrawing			
5. Listen to wheezing or stridor			
Patient Education			
1. Uses simple, clear language			
2. Periodically checks if patient understands			
3. Asks care giver if s/he has any questions			
Educational Messages			
1. Basic pathophysiology of ARI			

Task	Done?		
	✓	X	N/A
2. Nature of the disease			
3. Role of patient in management			
4. Medication use and its side effects			
5. Home care			
6. When to return			

Treatment Plan			
1. Child illness classification corresponds with the assessment findings			
2. Treatment plan corresponds with child illness classification			
3. First dose of antibiotic is given before referring the child			
Referral			
Appropriate referral for consultation according to guidelines			

Total Time Taken (Minutes & Seconds)

Comments

Name of Health Directorate: _____

Name of Health Centre _____

Name of Observer: _____

Job Title of Observer

Date of Observation _____

Checklist: Other MCH Visit

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was carried out. If a particular task is not applicable, place a mark in the N/A column. As soon as the client is seated, start the stop watch. As the client leaves, stop the stop watch and enter the total time for the consultation in the box on the last page of the checklist.

Diagnosis: _____

Category of Service Provider: _____

Task	Done?		
	✓	X	N/A
1. Greets the client (and family, if present) and introduces self.			
2. The client is asked to describe the problem that has brought her to the health centre today.			
3. Asks the client all relevant questions about the duration of the problem, other related diseases/problems, actions taken to relieve the problem.			
3. Appropriate tests (if needed) are ordered.			
4. Appropriate physical examinations are carried out (eg. breast palpation, blood pressure, chest exam, etc.)			
5. The diagnosis is clearly explained to the client, together with the treatment prescribed.			
6. Clear instructions are given to the client about when she should return and why.			
7. If necessary, an appropriate referral is made.			

Total Time Taken (Minutes & Seconds)

Comments

Name of Health Directorate: _____

Name of Health Centre _____

Name of Observer: _____

Job Title of Observer _____

Date of Observation _____

Checklist: Other GP Visit - Adult

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was carried out. If a particular task is not applicable, place a mark in the N/A column. As soon as the client is seated, start the stop watch. As the client leaves, stop the stop watch and enter the total time for the consultation in the box on the last page of the checklist.

Diagnosis: _____

Task	Done?		
	✓	X	N/A
1. Greets the client and introduces self.			
2. The client is asked to describe the problem that has brought them to the health centre today.			
3. All relevant questions about the duration of the problem, other related diseases/problems, actions taken to relieve the problem are asked.			
4. Appropriate tests (if needed) are ordered.			
5. Appropriate physical examinations are carried out (eg.blood pressure, chest exam, etc.)			
6. The diagnosis is clearly explained to the client, together with treatment prescribed.			
7. Clear instructions are given to the client about when the patient should return and why.			
8. If necessary, an appropriate referral is made.			

Total Time Taken (Minutes & Seconds)

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Comments

Name of Health Directorate: _____

Name of Health Centre _____

Name of Observer: _____

Job Title of Observer _____

Date of Observation _____

Checklist: Other GP Visit - Child

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was carried out. If a particular task is not applicable, place a mark in the N/A column. As soon as the client is seated, start the stop watch. As the client leaves, stop the stop watch and enter the total time for the consultation in the box on the last page of the checklist.

Diagnosis:

Task	Done?		
	✓	X	N/A
1. Greets the care taker with the child and introduces self.			
1. The care taker is asked to describe the problem that has brought them to the health centre today.			
2. All relevant questions about the duration of the problem, other related diseases/problems, actions taken to relieve the problem are asked.			
3. Appropriate tests (if needed) are ordered.			
4. Appropriate physical examinations are carried out			
5. The diagnosis is clearly explained to the client, together with treatment prescribed.			
6. Clear instructions are given to the client about when she should return and why.			
7. If necessary, an appropriate referral is made.			

Total Time Taken (Minutes & Seconds)

Comments

Name of Health Directorate: _____

Name of Health Centre _____

Name of Observer: _____

Job Title of Observer _____

Date of Observation _____